



FLATHEAD COUNTY WEED, PARKS & RECREATION

309 FFA Drive - Kalispell, Montana 59901
406.758.5798 or 406.758.5800; Fax: 406.758.5888

2015 Adult Softball Deadline to submit: May 15, 2015

Team Name _____ Team Category (circle one): Co-Ed Men Women Church
Team Sponsors _____
Manager's Name _____ Manager's Signature _____
Address _____ City, State, Zip _____
Home/Cell Phone _____ Email _____

Player Waiver, Release of Liability and Indemnification Agreement: I, the undersigned player, acknowledge, agree & understand that: 1) I voluntarily and of my own free will, elect to participate as a member of the softball team indicated above. 2) I understand that there are certain risks and hazards involved in participating in playing softball that may result in injury or death to other players or to me. I hereby release, discharge and agree not to hold at fault or sue Flathead County, its employees and/or any of its sponsoring agencies, groups or individuals associated with this activity as a result of my participation in this activity. I also agree to hold harmless officials and team members.

PLAYER FEE \$15 EACH AND PAYABLE ONCE PER YEAR PER SPORT

PLAYER NAME	PLAYER SIGNATURE	PHONE	EMAIL	CASH	CHECK #
TOTAL PAID \$					

FLATHEAD COUNTY PARKS AND RECREATION
2015 ADULT SOFTBALL

Team Name _____
Team Sponsors _____
Manager's Name _____
Address _____ City, State, Zip _____
Home/Cell Phone _____ Email _____

NOTE: ALL FEES ARE DUE BY MAY 15, 2015.

TEAM CATEGORY - Select one league and one division

- | | | | |
|-----------------------------------|---------------------------------|-----------------------------------|------------------------------------|
| <input type="radio"/> CO-ED \$750 | <input type="radio"/> MEN \$895 | <input type="radio"/> WOMEN \$595 | <input type="radio"/> CHURCH \$295 |
| <input type="radio"/> Upper | <input type="radio"/> Upper | <input type="radio"/> Upper | |
| <input type="radio"/> Middle | <input type="radio"/> Middle | <input type="radio"/> Lower | |
| <input type="radio"/> Lower 'A' | <input type="radio"/> Lower | | |
| <input type="radio"/> Lower 'B' | <input type="radio"/> Senior | | |

BLAST-OFF TOURNAMENT \$225 per Team:

- Co-Rec May 16th & 17th
- Mens/Womens May 30th & 31st
- T-shirts to winners / 4 game guarantee
 - ☐ Yes! My team agrees to pay an additional \$225 to participate in this tournament.

GAME SCHEDULE REQUEST

- Start times for all games are 6:30 pm, 7:50 pm and 9:10 pm.
- Forfeit time for 6:30 pm game is 6:40 pm; forfeit time for 7:50 pm and 9:10 pm games is game time.
- If there is a time that is difficult for your team, you can check the box below and indicate the time that is difficult and FCP& R will *try* to avoid this time during the regular season. There is a \$50 fee for this schedule consideration.

Yes! My team agrees to pay an additional \$50 to *avoid* the following game time. (CHOOSE ONLY ONE TIME):

- ☐ 6:30 pm ☐ 7:50 pm ☐ 9:10 pm

\$_____ League Fees
\$_____ Blast-off Tournament
\$_____ Game Schedule Request
\$_____ Player Fees
\$_____ TOTAL

MANAGER'S SIGNATURE: _____